



BOARD OF BARBERING AND COSMETOLOGY

P.O. BOX 944226

SACRAMENTO, CA 94244-2260

INFORMATION: (916) 445-7061 FAX (916) 323-5037

www.barbercosmo.ca.gov



REQUEST FOR CHANGE OF NAME

PLEASE DO NOT SUBMIT NAME CHANGE REQUESTS WITH LICENSE RENEWAL

(Please type or print legibly in ink)

* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS

Disclosure of your U.S. (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your (SSN). Your (SSN) will be used exclusively for tax enforcement purposes and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your (SSN) your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

1. ORIGINAL NAME ON LICENSING/FILE RECORDS (First, Middle, Last)	License/File Number
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2. ORIGINAL ADDRESS ON LICENSING/FILE RECORDS	Number and Street	City	State	Zip Code
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3. NEW NAME (First, Middle, Last)

4. CURRENT ADDRESS	Number and Street	City	State	Zip Code
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5. I have attached a photocopy of a current U.S. Government issued photographic identification (i.e. drivers license, alien registration, passport, etc.) **AND** * Social Security Card **AND** one of the following photocopied documents as legal proof of my name change: (Check only one box)

- ☐ Certified Court Order
 ☐ Naturalization Document
 ☐ Notarized Document Verifying Name Change
☐ Marriage Certificate
 ☐ Dissolution of Marriage (Divorce)

6. OPTIONS FOR NAME CHANGE (Check only the one that applies to your situation)

- ☐ Name change that does not require a new license to be issued for the sole purpose of updating the Board's licensing records - attach documentation as noted above and return this form, no duplicate license fee is required. Next renewal notice will reflect correct name as it will appear on the renewed license. If this option is chosen and an inspection of the establishment occurs, the inspector will call the headquarters office to verify that a name change has been filed.
☐ Name change **not done at the time of renewal**. Licensee is requesting that a new license be issued - attach documentation as noted above, enclose your current valid license, include a \$10.00 duplicate license fee and return this form. **A new license will not be issued unless your current valid license is returned.**
CAUTION - Pursuant to the requirements outlined in Section 7317 of the Business and Professions Code YOU MAY NOT LEGALLY WORK WITHOUT A VALID, UNEXPIRED LICENSE. Any violation of this section is a misdemeanor. Violators will be subject to a fine.

7. I hereby certify that I am currently licensed or on file with the Board of Barbering and Cosmetology under the original name listed above. For all legal purposes, I have changed my name as listed on line 3.

I declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct and that I have not changed my name for the purpose of fraud.

X _____
 Signature Phone # Date



**PLEASE MAIL THIS FORM WITH ORIGINAL SIGNATURE.
FAXED OR PHOTOCOPIES WILL NOT BE ACCEPTED.**



FOR BOARD USE ONLY

Completed by: _____ Date Received: _____

☐ Approved
 ☐ Denied

Comments: _____